



Date:10/31/2022 9:05:48

Please review the registration.

Created Date

2022-10-26 12:16:45.0

Registration Expiration Date

2024-12-31

Last Modified by

FMLS

Last Updated

2022-10-31

Last Modified by Company

PT. INDO OIL PERKASA TBK

Created by

rob5048

Registration Renewed Date

Registration Status

VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

☒ Yes ☐ No

Section 1: Type of Registration

Facility Location: Foreign Registration

Initial Registration 15915992794 Pin No 3BI25JI8

Are you the new owner of a previously registered facility?

☐ Yes ☒ No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name

PT. INDO OIL PERKASA TBK

Facility Name Suffix

Corporation

Facility Street Address, Line 1

Jl. Raya Perning No. 39 Jetis

Facility Street Address, Line 2

City

Mojokerto

State/Province/Territory

None of the above

Zip Code (Postal Code)

61352

Telephone Number

062 0321 3671741

Fax Number

E-Mail Address

corseciop@ioperkasa.com

Unique Facility Identifier (UFI)

673313316



Country/Area

**INDONESIA**

### Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name

**PT. INDO OIL PERKASA TBK**

Telephone Number

**062 0321 3671741**

Address, Line 1

**Jl. Raya Perning No. 39 Jetis**

Fax Number

Address, Line 2

E-Mail Address

**corseciop@ioperkasa.com**

City

**Mojokerto**

State/Province/Territory

**None of the above**

Zip Code (Postal Code)

**61352**

Country/Area

**INDONESIA**

### Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

☒ Same as Facility Address (Section 2)

☐ Same as Preferred Mailing Address (Section 3)

☐ None of the above

Company Name

**PT. INDO OIL PERKASA TBK**

Telephone Number

**062 0321 3671741**

Company Name Suffix

**Corporation**

Fax Number

Address, Line 1

**Jl. Raya Perning No. 39 Jetis**

E-Mail Address

**corseciop@ioperkasa.com**

Address, Line 2

City

**Mojokerto**

State/Province/Territory

Zip Code (Postal Code)

**61352**

Country/Area

**INDONESIA**



## Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- ☐ Same as Facility Address (Section 2)
- ☐ Same as U.S. Agent Information (Section 7)
- ☒ None of the above

Individual's Title (Optional)

Emergency Contact Phone

**062 81 7598083**

Individual's Name (Optional)

E-Mail Address

**Peter**

**corseciop@ioperkasa.com**

Individual's Middle Name (Optional)

Job Title (Optional)

**Corporate Secretary**

Individual's Last Name (Optional)

**Prabowo**

## Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

- ☐ Yes
- ☒ No

## Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

Telephone Number

**Robert**

**202 4493739 null**

Middle Name (Optional)

Emergency Contact Phone

**C.**

**202 3651958**

Last Name

Fax Number

**Lehrman**

Title (Optional)

E-Mail Address

**Attorney**

**jen.wright@bevlaw.com**

Address, Line 1

**2911 Hunter Mill Road**

Address, Line 2

**Suite 303**

City

**Oakton**

State/Province/Territory

**Virginia**

Zip Code (Postal Code)

**22124**



Country/Area

**UNITED STATES**

**Section 8: Seasonal Facility Dates of Operation (Optional)**

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

End Month

Harvest 2

Start Month

End Month

**Section 9: General Product Categories - Human/Animal/Both**

☒ Food for Human Consumption

☐ Food for Animal Consumption

**Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility**

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
34. VEGETABLE OILS (INCLUDES OLIVE OIL)(21 CFR 170.3 (n) (12))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 10: Owner, Operator, or Agent-in-Charge Information**

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

☒ Section 2 - Facility Address Information

☐ Section 3 - Preferred Mailing Address Information

☐ Section 4 - Parent Company Address Information

☐ Section 7 - US Agent Address Information

☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Peter Prabowo

Address, Line 1

**Jl. Raya Parning No. 39 Jetis**

Telephone Number

**062 0321 3671741**

Address, Line 2

Fax Number



City	E-Mail Address
Mojokerto	corseciop@ioperkasa.com
State/Province/Territory	
None of the above	
Zip Code (Postal Code)	
61352	
Country/Area	
INDONESIA	

### Section 11: Inspection Statement

☒ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

### Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

**NAME OF PERSON SUBMITTING THIS REGISTRATION FORM:** Robert C. Lehrman

#### CHECK ONE BOX

- ☒ A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
- ☐ B. ANOTHER AUTHORIZED INDIVIDUAL

#### Address Information for the Authorizing Individual:

Individual's Name	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	